

FILED

JUN 27 2008

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

VINCENT LEE ROSENBAUM
Plaintiff,

vs.

JUDGE CLAYTON BRENNAN
SHERIFF THOMAS A. CLMAN
ED FOULK - DIRECTOR NAPA STATE HOSPITAL
Defendant.

CASE NO.

08

3127

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

28^{USE} 1915 (9) E-filing

I, VINCENT LEE ROSENBAUM, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ☒ No ☐

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: ABOUT \$20 week Net: ABOUT \$20 week

Employer: NAPA STATE HOSPITAL

2100 NAPA VALLEJO HIGHWAY NAPA, CA 94558

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)
 4 _____
 5 _____
 6 _____

7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

9 a. Business, Profession or Yes ☒ No ☐

10 self employment

11 b. Income from stocks, bonds, Yes ☐ No ☒

12 or royalties?

13 c. Rent payments? Yes ☐ No ☒

14 d. Pensions, annuities, or Yes ☐ No ☒

15 life insurance payments?

16 e. Federal or State welfare payments, Yes ☒ No ☐

17 Social Security or other govern-

18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 12⁵⁰ MONTH HOSPITAL WELFARE

22 325 AUTHOR HOUSE PUBLISHING

23 3. Are you married? Yes ☐ No ☒

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support: \$ _____

ALL ESTIMATES

- b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

JDR (17)

NONE AT PRESENT DUE TO ILLEGAL IMPRISONMENT

5. Do you own or are you buying a home? Yes ___ No ☒

Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

6. Do you own an automobile? (2) Yes ☒ No ___

Make SUBARU Year 1992, 1993 Model LEGACY

Is it financed? Yes ___ No ☒ If so, Total due: \$ 0

Monthly Payment: \$ 0

7. Do you have a bank account? Yes ___ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: _____

Present balance(s): \$ _____

Do you own any cash? Yes ☒ No ___ Amount: \$ 0.15 APPROXDo you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ☒ No ___

PERSONAL PROPERTY WORTH ABOUT \$15,000

8. What are your monthly expenses?

Rent: \$ 0 Utilities: 0

Food: \$ 0 Clothing: 0

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
0	0	0
0	0	0
0	0	0

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

SCHOOL LOANS ESTIMATED \$5-10,000.00
CREDIT CARD Debt ✓ \$5-10,000.00

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ☒ No ☐

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

HUNDREDS OF MATTERS PENDING
DON'T HAVE ALL COPIES

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

5/26/08

DATE

Vincent Rosenbalm

SIGNATURE OF APPLICANT

Case Number: _____

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Vincent Rosenbalm for the last six months
[prisoner name]
Napa State Hospital where (s)he is confined.
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 29.77 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 0.00.

Dated: 4-4-08

Laura Harris, STO
[Authorized officer of the institution]

Case Number: _____

CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of _____ for the last six months
[prisoner name]
_____ where (s)he is confined.

[name of institution]
I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ _____ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ _____.

Dated: _____

[Authorized officer of the institution]

<p>CONFIDENTIAL PATIENT INFORMATION - CALIFORNIA WELFARE AND INSTITUTIONS CODE SECTIONS 5328 & 4514. INFORMATION SUBJECT TO RELEASE IN ACCORDANCE WITH THE FEDERAL PRIVACY ACT OF 1974 (PUBLIC LAW 93-579).</p>
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4/4/2008
7:54:35AM

NAPA STATE HOSPITAL
TRUST ACCOUNT / CASHIERS' SYSTEM II
Patient Ledger Report

Page 1 of 1

2069375 ROSENBALM, VINCENT

	TransDate	Doc No.	Item	Comment	Withdrawl	Deposit	Balance
1	10/22/2007	13-154338	Cash Disbursement	cashlist v-314	\$5.00		\$0.00
2	10/24/2007	18-075321	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
3	10/29/2007	13-154384	Cash Disbursement	cl v337	\$12.50		\$0.00
4	11/23/2007	18-75407	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
5	11/26/2007	13-154581	Cash Disbursement	Cashlist V-400	\$12.50		\$0.00
6	12/03/2007	16-75436	CK-AUTHOR HOUSE 1663 LIBERTY DR STE 200	BLOOMINGTON IN 47403		\$3.25	\$3.25
7	12/11/2007	16-75478	CCK-UNKNOWN SENDER	CCK-UNKNOWN SENDER		\$50.00	\$53.25
8	12/17/2007	13-154774	Cash Disbursement	cl v463	\$33.25		\$20.00
9	12/24/2007	13-154828	Cash Disbursement	cl v485	\$10.00		\$10.00
10	01/04/2008	13-154914	Misc Disbursement	NSH-COPY CARD V518	\$10.00		\$0.00
11	01/22/2008	18-075585	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
12	01/28/2008	13-155104	Cash Disbursement	cl v580	\$12.50		\$0.00
13	02/21/2008	18-075665	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
14	02/25/2008	13-155262	Cash Disbursement	cl v649	\$12.50		\$0.00
15	03/20/2008	17-75749	PP P/E 3/21/08	PP P/E 3/21/08		\$75.33	\$75.33
16	03/24/2008	13-155495	Cash Disbursement	cl v728	\$12.50		\$62.83
17	04/01/2008	13-155540	Cash Disbursement	CL V750	\$45.00		\$17.83

TOTAL WITHDRAWALS / DEPOSITS:

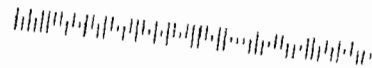
\$165.75 \$178.58

Vincent Rosenthal
2100 Napa Valley Highway
Napa, CA 94558

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STAMP
OFF
CUT
RECEIVED
12 8
980 4/25

REC'D. IN PRO SE
No STAMP - CUTOFF
No POST OFF. DATE

pro



Legal Mail

COURT CLERK

U.S. DISTRICT COURT
450 GOLDEN GATE AVE
SAN FRANCISCO, CA 94102